



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS  
500 JAMES ROBERTSON PARKWAY  
FOURTH FLOOR  
NASHVILLE, TN 37243  
615-741-2515**

**Acknowledgement**

Dear Complainant:

Attached please find the requested complaint form from the State Board of Cosmetology and Barber Examiners. Before filing the complaint with this office, please read the following information:

- ✓ By opening this complaint file for further investigation and processing, neither this office, nor the Board, nor the Department's Office of Legal Counsel has adopted your point of view, and we are not your advocate.
- ✓ We have not agreed to seek discipline against the Respondent merely because this complaint has been opened.
- ✓ We do not represent either your interests or those of the Respondent in the processing of this complaint, but only represent the interests of the State of Tennessee – which may differ from the interests of particular Complainants or Respondents on a case-by-case basis.
- ✓ In some complaints we will determine that the matter should be closed, and in others, we will seek and may obtain discipline against a Respondent's license.
- ✓ We cannot provide you with legal advice. Should you desire legal advice or desire to file suit, please consult with independent legal counsel of your own choosing. We can offer no opinion on whether any suit should, or should not be filed. Also, please keep in mind that the filing of a complaint with this office does not toll or stop the running of any statute of limitations which may exist on filing a lawsuit.
- ✓ We do not seek damages on behalf of Complainants and in most instances cannot recover fees paid to the Respondent on your behalf.
- ✓ Our jurisdiction is limited to seeking and obtaining professional discipline against a Respondent's license.
- ✓ All documents you submit to us will be considered public records and cannot be held confidentially on your behalf.
- ✓ Please understand that while we endeavor to resolve all complaints promptly, some matters take longer than others to resolve. In some instances, lengthy settlement negotiations are taking place and in others, contested case

proceedings which may require a contested hearing are underway which take considerable time. Many complaints have to be reviewed for probable cause determinations by sitting board members, and this process takes time. There may be other factors present in individual cases which take considerable time for certain complaints to resolve.

- ✓ We have made no determination regarding whether there will be a hearing on this complaint. Not all complaints result in hearings. We will determine whether a hearing is necessary. If a hearing is later scheduled in this complaint and if we need you to attend as a witness, we will notify you.
- ✓ In any event, if you need information as to the status of your complaint, you may call me at (615) 741-2515 if the complaint is still within my office, or Rob Herndon, Assistant General Counsel for the Board, at (615) 741-9461, if the complaint has been forwarded to his office for further processing. If we miss your call, either or both of us will get back in touch with you as soon as possible.
- ✓ Finally, please keep in mind that there are no appeal rights on behalf of a Complainant to challenge the Department's decisions in the courts of this state.

Please let me know if I may be of further assistance.

Respectfully,

A handwritten signature in black ink, appearing to read "Jon Lillard". The signature is fluid and cursive, with the first name "Jon" and last name "Lillard" clearly distinguishable.

Jon Lillard  
Complaint Coordinator



**DEPARTMENT OF COMMERCE AND INSURANCE**  
**DIVISION OF REGULATORY BOARDS**  
**ADMINISTRATIVE SECTION**  
**500 JAMES ROBERTSON PARKWAY, 2nd Floor**  
**NASHVILLE, TENNESSEE 37243**  
**(615) 741-3449**

**COMPLAINT FORM**

\_\_\_\_\_  
BOARD/COMMISSION

\_\_\_\_\_  
DATE FILED

_____ (Complainant)	V	_____ (Respondent)
_____ (Street Address)		_____ (Street Address)
_____ (City, State, Zip)		_____ (City, State, Zip)
_____ (Home Telephone Number)		_____ (Telephone Number)

Please provide the following information to enable our investigator to contact you concerning your complaint, if a personal interview becomes necessary.

Name of Your Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Your Business Phone \_\_\_\_\_

**NOTE:** Pursuant to TCA Title 47, Chapter 18, the Tennessee Consumer Protection Act, you may want to file a complaint with the Division of Consumer Affairs, 5th Floor, 500 James Robertson Parkway, Nashville, Tennessee 37243. (615-741-4737) or (800-342-8385)

## BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. You should retain copies. )

[illegible]

Other person(s) with firsthand knowledge of your complaint:

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

(Attach an additional sheet if necessary.)

Have you consulted an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please provide the following:

Name of Attorney \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (City, State, Zip)

Phone \_\_\_\_\_

Are you licensed by this State Board? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, give license number \_\_\_\_\_

Complainant Signature \_\_\_\_\_

**Optional**  
(except for Land Surveyors complaints)

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared  
before me the complainant name in the foregoing complaint who, on oath, says that the facts  
above stated are true to the best of his (or her) information and belief.

Witness my hand and seal at \_\_\_\_\_ this date.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_